# PHARMACARE NEWSLETTER

May 9, 2002
02-04 *Web site:* http://www.healthservices.gov.bc.ca/pharme/newsletter/index.html

*PLEASE CIRCULATE AMONG DISPENSING STAFF*

## Infliximab for the Treatment of Severe, Active or Fistulizing Crohn's Disease

We regret that the following errors appeared in the April 19, 2002, edition of the Pharmacare Newsletter (#02-03):

- The headings at the top of pages 3 and 4: The headings should not have contained the word "Etanercept". **Only infliximab** is available under Special Authority approval for the treatment of Crohn's Disease.
- Criteria for coverage of infliximab for Crohn's disease: In the section relating to immunosuppressive therapy, the criteria should have stated the dosage for 6-mercaptopurine as "50 to **70**mg/day."

**Please accept our apologies for any confusion caused by these errors.**

## Maximum Days Supply for Infliximab and Etanercept

Maximum days supply for claims for infliximab DIN 2244016, will be limited to 60 days.
Maximum days supply for claims for etanercept DIN 2242903, will be limited to 30 days.
Due to the high cost of these drugs and the dosing regimens, these amounts are the maximum allowable for coverage at any one time.

## Telephone Reminder

The PharmaNet Help Desk has been receiving an increased number of calls from the public on the pharmacy lines. Pharmacists are, therefore, asked not to provide the pharmacy queue numbers to customers. Instead, customers should be given the telephone numbers for general inquiries: (250) 952-2866 in Greater Victoria, from Greater Vancouver and the Lower Mainland (604) 682-6849, and toll free from the rest of BC at 1-800-554-0250. Public calls to the pharmacy telephone number results in delays for pharmacists calling the PharmaNet HelpDesk.

## Veterinary Prescriptions - Reminder

When dispensing a prescription for an animal, use the PHN of the animal owner and the veterinarian's Veterinary Association ID number and V9 as the Reference Code. This will not affect the pet owner's patient record and DUE results. Medications prescribed by a veterinarian are never a Pharmacare benefit, even if the same drug would be a benefit for a "human" patient (e.g., the owner).

## Special Services Fees

The number of Special Services Fees paid by Pharmacare for the last twelve months are:

| Date | Number of Fees |
|---|---|
| May 2001 | 5000 |
| June 2001 | 5330 |
| July 2001 | 5067 |
| Aug 2001 | 5354 |
| Sept 2001 | 4884 |
| Oct 2001 | 5602 |

| Date | Number of Fees |
|---|---|
| Nov 2001 | 5405 |
| Dec 2001 | 5149 |
| Jan 2002 | 3244 |
| Feb 2002 | 2981 |
| March 2002 | 3288 |
| April 2002 | 3581 |

May 9, 2002
02-04

*Please Circulate among Dispensing Staff*

## BENEFITS

*The following new products have been included as eligible Pharmacare benefits on Plans A, B, C, E and F:*

| DIN | MAN | DRUG NAME | Short Term | Long Term | Plan G Eligible | Palliative Care Eligible |
|---|---|---|---|---|---|---|
| 2243231 | SIL | Dimethyl sulfoxide irrigation USP (dimethyl sulfoxide) soln | | Y | | |
| 2244403 | TAR | Taro-Carbamazepine (carbamazepine) tabs chew 100mg | | Y | Y | Y |
| 2244404 | TAR | Taro-Carbamazepine (carbamazepine) tabs chew 200mg | | Y | Y | Y |
| 2244896 | ALC | Travatan (travoprost) ophthalmic drops 0.004% | | Y | | |

## NON BENEFITS

*Pharmacare's Drug Benefit Committee recently completed the review of the following products and recommended that these products not be added as benefits under the program:*

| DIN | MAN | DRUG NAME |
|---|---|---|
| 2243799 | RXP | Rhoxal-Oxaprozin (oxaprozin) |
| 2241835 | NVR | Estalis® (estradiol noreth AC) 140/50 mcg patch |
| 2241837 | NVR | Estalis® (estradiol noreth AC) 250/50 mcg patch |
| 2244298 | JSO | Reminyl® (galantamine hydrobromide) tabs 4mg |
| 2244299 | JSO | Reminyl® (galantamine hydrobromide) tabs 8mg |
| 2244300 | JSO | Reminyl® (galantamine hydrobromide) tabs 12mg |
| 2242966 | SCH | Peg-Intron® (peginterferon alfa-2b) vial 74mcg |
| 2242967 | SCH | Peg-Intron® (peginterferon alfa-2b) vial 118.4mcg |
| 2242968 | SCH | Peg-Intron® (peginterferon alfa-2b) vial 117.6mcg |
| 2242969 | SCH | Peg-Intron® (peginterferon alfa-2b) vial 222mcg |
| 2243989 | APX | Apo-Ketorolac injectable (ketorolac tromethamine) ampul 30mg/ml |

## BLOOD GLUCOSE TEST STRIPS

*The following new blood glucose strips have been assigned PINs as indicated below for individuals on Plans A, C, E & F who have a valid Blood Glucose Training Certificate:*

| DIN | MAN | DRUG NAME |
|---|---|---|
| 44123029 | UNK* | Prestige blood glucose test strips |

* manufactured by Thermor

May 9, 2002
02-04

*Please Circulate among Dispensing Staff*

# LCA UPDATES

## NEW PRODUCTS CATEGORIZED to LCA and/or RDP

*The following new products under the Low Cost Alternative Program (LCA) / Reference Drug Program (RDP) have been included as eligible Pharmacare benefits on Plans A, B, C, E & F:*

| DIN | MAN | DRUG NAME | FULL/ PARTIAL | LCA RDP Price | Short Term | Long Term | Plan G Eligible | Eligible for Palliative Care |
|---|---|---|---|---|---|---|---|---|
| 2245159 | RXP | Rhoxal-Sertraline (sertraline HCl) caps 25mg | P | $0.5798 | | Y | Y | Y |
| 2245160 | RXP | Rhoxal-Sertraline (sertraline HCl) caps 50mg | P | $1.1596 | | Y | Y | Y |
| 2245161 | RXP | Rhoxal-Sertraline (sertraline HCl) caps 100mg | P | $2.3664 | | Y | Y | Y |
| 0626112 | OMG | B-12 1000 inj (cyanocobalamin) vial 1000mg ml | P | $0.3176 | | Y | | |
| 2245284 | PMS | PMS-Morphine sulfate SR (morphine sulfate) tabs 15 mg | P | $0.3754 | Y | | | Y |
| 2245285 | PMS | PMS-Morphine sulfate SR (morphine sulfate) tabs 30 mg | P | $0.6389 | Y | | | Y |
| 2245286 | PMS | PMS-Morphine sulfate SR (morphine sulfate) tabs 60 mg | P | $1.1431 | Y | | | Y |
| 2245522 | TAR | Clobetasol prop (clobetasol propionate) soln. 0.05% | P | $0.3580 | | Y | | |
| 2245523 | TAR | Clobetasol prop (clobetasol propionate) crm. 0.05% | P | $0.4214 | | Y | | |
| 2245524 | TAR | Clobetasol prop (clobetasol propionate) oint.(GM) 0.05% | P | $0.4189 | | Y | | |

May 9, 2002
02-04

*Please Circulate among Dispensing Staff*

## LIMITED COVERAGE DRUGS

*Special Authority Only (criteria follow)*

| DIN | MAN | DRUG NAME | Current LCA Price | Eligible for Palliative Care | Short Term | Long Term |
|---|---|---|---|---|---|---|
| 2245385 | AZC | Symbicort® 100 turbuhaler (budesonide formoterol fumarate) | | | | Y |
| 2245386 | AZC | Symbicort® 200 turbuhaler (budesonide formoterol fumarate) | | | | Y |
| 2243763 | NVR | Comtan® (entacapone) tabs 200mg | | | | Y |
| 2242912 | RXP | Rhoxal-Nabumetone® (nabumetone) tabs 500mg | | | | Y |
| 2245329 | FRS | Fosamax® (alendronate sodium) tabs 70mg | | | | Y |
| 2245126 | UNK | Advair® 125 (fluticasone salmeterol) inhaler 125-25mcg | | | | Y |
| 2245127 | UNK | Advair® 250 (fluticasone salmeterol) inhaler 250-25mcg | | | | Y |
| 2245619 | UNK | Copaxone® (glatiramer acetate) prefil-syr 20mg ml | | | | Y |
| 2243828 | APX | Apo-Salvent (salbutamol sulphate) sterules 0.5mg ml soln | 0.1553 | Y | | Y |
| 2243827 | APX | Apo Ipravent sterules 125mcg ml | 0.3898 | Y | | Y |

**Symbicort® turbuhaler (budesonide/formoterol fumarate)**

- for patients who require both corticosteroid and long-acting beta agonist therapy and have been previously stabilized on the above products for a period of time. Patients are required to have met the initial criteria for coverage of formoterol. Coverage for formoterol is currently provided for patients experiencing breakthrough symptoms when given optimal corticosteroid and short-acting beta agonist therapy.
- respirologists and allergists will be exempt from the special authority process, similar to the exemption for formoterol. General practitioners may apply for special authority if their patient meets the above criteria. Pharmacare will also accept special authority requests for Symbicort® from pharmacists for patients who already have a special authority approval for formoterol and who are also receiving concomitant corticosteroid therapy.

**Comtan® (entacapone) tabs 200mg**

- as adjunct therapy for treatment of patients with Parkinson's disease, and with an inadequate response (defined as significant "wearing off" and/or severe motor complications, i.e., fluctuations) after alterations of levodopa/carbidopa doses.

**Rhoxal-Nabumetone® (nabumetone) tabs 500mg**

- based on currently established criteria (see website)

**Fosamax® (alendronate sodium) tabs 70mg (once weekly dosage form)**

- based on currently established criteria (see website)

**Advair® (fluticasone/salmeterol) inhaler**

- based on currently established criteria (see website)

**Copaxone® (glatiramer acetate) prefil-syr 20mg/ml**

- based on currently established criteria (see website)

**Apo-Salvent sterules (salbutamol sulphate) 0.5mg/ml soln**

- based on currently established criteria (see website)

May 9, 2002
02-04

*Please Circulate among Dispensing Staff*

## DRUGS UNDER REVIEW

*The following drug submissions are currently under review by the Drug Benefit Committee of Pharmacare:*

alfuzosin (XATRAL®)
ancestim (STEMGEN®)
bisoprolol (MONOCOR®), resubmission
bosentan (TRACLEER®)
botulinium toxin (BOTOX®), new indication
donepezil (ARICEPT®), resubmission
clopidogrel (PLAVIX®), new indication
calcipotriol betamethasone (DOVOBET®)
eprosartan (TEVETEN®), resubmission
esomeprazole magnesium trihydrate (NEXIUM®)
filgrastim (NEUPOGEN®), new indication
glucagon inj. (GLUCAGON®) (rDNA), new formulation
insulin aspart (NOVORAPID®)
mometasone nasal spray (NASONEX®), resubmission
nateglinide (STARLIX®)
pioglitazone (ACTOS®), resubmission
repaglinide (GLUCONORM®), resubmission
rivastigmine (EXELON®), resubmission
rosiglitazone (AVANDIA®), resubmission
sibutramine hydrochloride (MERIDIA®)
tacrolimus ointment (PROTOPIC®)